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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AF
Group Art Unit 3738
Examiner David H. Willse

Firm: U.S. Patent and Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 10/674,971

Gary K. Michelson

Filed: September 30, 2003

METHOD FOR INSERTING AN INTERBODY
SPINAL FUSION IMPLANT HAVING AN
ANATOMICALLY CONFORMED TRAILING
END

Attorney Docket No. 101.0059-02000

Customer No. 22882

Confirmation No.: 4939

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 310-286-9800

No. of Pages (including this): 18

Date: May 16, 2011

Confirmation Copy to Follow: NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

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FORM PTO-1083

MAY 16 2011

Attorney Docket No.: 101.0059-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 10/674,971

Filed: September 30, 2003

For: METHOD FOR INSERTING AN INTERBODY SPINAL
FUSION IMPLANT HAVING AN ANATOMICALLY
CONFORMED TRAILING END

Confirmation No.: 4939

Alt Unit: 3738

Examiner: David H. Willse

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment After Final in reply to the Final Office Action dated February 16, 2011 in the above-identified application.

- ☒ No additional fee is required.
- ☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.
- ☐ A Terminal Disclaimer is enclosed.
- ☐ An Information Disclosure Statement Under 37 C.F.R. § 1.97(_____) with Form PTO/SB/08 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	38	-	49 **	0	LG=\$52 SM=\$28	\$52	\$ 0
INDEPENDENT CLAIMS FEE	2	-	4 ***	0	LG=\$220 SM=\$110	\$220	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195		\$ 0
						TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ The total amount of \$*** to cover the above fee is to be charged to Deposit Account No. 50-3726.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: May 16, 2011

By: 

Amedeo F. Ferraro

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Transmittal of Amendment 5-16-11

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Respectfully submitted,

MARTIN & FERRARO, LLP

Date: May 16, 2011

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Transmittal of Amendment 5-16-11